FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSAISHINGTON, DOMB Number: Washington, D.C. 20549

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hours per response. 16.00

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY | | | | | | |
|--------------|--------|--|--|--|--|--|
| Prefix | Serial | | | | | |
| | | | | | | |
| DATE RE | CEIVED | | | | | |
| | 1 | | | | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) 2008 8% Subordinated Debentures | DDOO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6 |) ULOE PROCESSED |
| Type of Filing: | D OCT 14 2000 |
| A. BASIC IDENTIFICATION DATA | 7 1 2 1 2 1 0 1 0 |
| 1. Enter the information requested about the issuer | THOMSON RELITEDS |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | - 1 1/201E/(3 |
| Aliant Financial Corporation | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 200 Aliant Parkway, Alexander City, Alabama 35010 | 256-329-7400 |
| Address of Principal Business Operations (Number and St eet, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | |
| Bank Holding Company | |
| Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed | please spe |
| Month Year Actual or Estimated Date of Incorporation or Organization: 110 918 Actual Est Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction) | 08061768 imated te: |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| A. BASIC IDENT | TIFICATION DATA | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------|------------------------------------|--|--|--|--|--|
| 2. Enter the information requested for the following: | | | | | | | | |
| • Each promoter of the issuer, if the issuer has been organized within | • Each promoter of the issuer, if the issuer has been organized within the past five years; | | | | | | | |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. | | | | | | | | |
| Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and | | | | | | | | |
| Each general and managing partner of partnership issuers. | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if individual) John Russell Thomas | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code 200 Aliant Parkway, Alexander City, Alabama 35010 |) | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | Recutive Officer | Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if individual) John Eric Hamilton, III | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code 200 Aliant Parkway, Alexander City, Alabama 35010 |) | | | | | | | |
| | Z Executive Officer | Z Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if individual) Kenneth H. Givens | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code |) | | | | | | | |
| 200 Aliant Parkway, Alexander City, Alabama 35010 | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | Executive Officer [| Director [| General and/or Managing Partner | | | | | |
| Full Name (Last name first, if individual) Mark Brinton | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code 200 Aliant Parkway, Alexander City, Alabama 35010 |) | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | Z Executive Officer [| Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if individual) Russell L. Thomas | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code 200 Aliant Parkway, Alexander City, Alabama 35010 | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner [| Executive Officer | Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if individual) Della K. Fancher | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code 200 Aliant Parkway, Alexander City, Alabama 35010 |) | | | | | | | |
| Check Box(es) that Apply. Promoter Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if individual) Richard E. Hanan | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code 200 Aliant Parkway, Alexander City, Alabama 35010 |) | | | | | | | |

| A. BASIC IDENTIFICATION DATA | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 2. Enter the information requested for the following: | |
| Each promoter of the issuer, if the issuer has been organized within the past five years; | |
| • Each beneficial owne €having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the i | ssucr. |
| • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and | |
| Each general and managing partner of partnership issuers. | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) Jerry C. Kyser | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 200 Aliant Parkway, Alexander City, Alabama 35010 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) M. Barnett Lawley | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 200 Aliant Parkway, Alexander City, Alabama 35010 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) Dan L. Moultrie | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| 200 Aliant Parkway, Alexander City, Alabama 35010 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) | |
| James D. Nabors | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 200 Aliant Parkway, Alexander City, Alabama 35010 | |
| | |
| Managing Partner | - |
| Full Name (Last name first, if individual) Joe H. Robinson, Jr. | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 200 Aliant Parkway, Alexander City, Alabama 35010 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) Richard H. Robinson | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 200 Aliant Parkway, Alexander City, Alabama 35010 | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner | |
| Full Name (Last name first, if individual) John J. Thomas | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 200 Aliant Parkway, Alexander City, Alabama 35010 | |
| | |

| | | | | | B. IN | FORMATI | ON ABOU | r offeri | NG | | | | | |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----------------------------------------|------------------------------|----------------------|----------------------|----------------------|----------------------|--|
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | Yes [| No ⊠ | | | | | | |
| 2. | | | | | | | | | \$ 100.00 | | | | | |
| | | | | | | | | | | | | Yes | No | |
| | | | permit joint | | | | | | | | | | X | |
| | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | he offering. with a state | | | | | |
| Full | Name (I | ast name | first, if indi | vidual) | | | | | | | | | | |
| Busi | ness or I | Residence | Address (N | umber and | Street, Ci | ty, State, Z | ip Code) | | | | | | | |
| Nam | e of Ass | ociated Br | oker or Dea | aler | | • | | | | · | | | | |
| | | | Listed Has | | | | | | | | | · | | |
| | (Check | 'All States | or check | individual | States) | ***************** | | *************************************** | ••••• | | | All States | | |
| | AL IL MT RI | AK IN NE SC | IA NV SD | KS NH TN | CA KY NJ TX | LA NM UT | ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR | |
| Full | Name (l | ast name | first, if indi | ividual) | | | | - | | | | - | 1. | |
| Busi | ness or | Residence | Address (1 | Number an | d Street, C | ity, State, 2 | Zip Code) | | | | | | | |
| Nam | ne of Ass | ociated Br | oker or De | aler | | | | | | | | | | |
| State | es in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit I | urchasers | | •• | | | | | |
| | (Check | "All States | " or check | individual | States) | | ************ | | | **************** | | | States | |
| | AL II. MT | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME NY VT | MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR | |
| Full | Name (I | ast name | first, if ind | ividual) | | | | | | | | | | |
| Busi | iness or | Residence | Address (1 | Number an | d Street, C | ity, State, A | Zip Code) | | | • | | | | |
| Nam | e of Ass | ociated Bi | roker or De | aler | | ., | | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | | | | | | | |
| (Check "All States" or check individual States) | | | | | | | | ☐ Al | l States | | | | | |
| | AL IL MT RI | AK IN NE SC | AZ [A NV SD | KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | ID MO PA PR | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | 7,000,000.00 | s 5,000,000.00 |
| | Debt | 0.00 | \$ 0.00 |
| | Equity | • | 3 |
| | Common Preferred | . 0.00 | 0.00 \$ |
| | Convertible Securities (including warrants) | F 0 00 | \$ 0.00 |
| | Partnership Interests | | \$ 0.00 |
| | Other (Specify) | 7 000 000 00 | \$ 5,000,000.00 |
| | Total | | \$ 0,000,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 7 | \$_5,000,000.00 |
| | Non-accredited Investors | 0 | \$_0.00 |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | | Type of | Dollar Amount |
| | Type of Offering | Security | Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$_0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | s0.00 |
| | Printing and Engraving Costs | | § 0.00 |
| | Legal Fees | | \$_7,500.00 |
| | Accounting Fees | | \$_0.00 |
| | Engineering Fees | _ | \$ |
| | Sales Commissions (specify finders' fees separately) | | <u>\$_0.00</u> |
| | Other Expenses (identify) | - | \$ |
| | Total | | \$ 7,500.00 |

| | C. OFFERING PRICE | E, NUMBER OF INVESTORS, EXPENSES AND USE | OF PROCEEDS | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------|
| | and total expenses furnished in response to Pa | ate offering price given in response to Part C — Ques art C — Question 4.a. This difference is the "adjusted | gross | \$6,992,500.00 |
| 5. | Indicate below the amount of the adjusted g each of the purposes shown. If the amoun check the box to the left of the estimate. The proceeds to the issuer set forth in response | e and | | |
| | | | Payments to Officers. Directors. & | Payments to |
| | | Others | | |
| | Salaries and fees | | s 0.00 | <u> 0.00</u> |
| | | | | s 0.00 |
| | Purchase, rental or leasing and installation and equipment | | ss | |
| | Construction or leasing of plant buildings | and facilities | <u>0.00</u> | s 0.00 |
| | Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger) | | \$ <u></u> \$ | |
| | Repayment of indebtedness | | s 0.00 | s0.00 |
| | Working capital | s 0.00 | \$ 6,992,500.0 | |
| | Other (specify): | | \$_0.00 | _ <u>_ \$</u> |
| | | | | _ 🗆 \$ |
| | Column Totals | | § 0.00 | s6,992,500.0 |
| | Total Payments Listed (column totals adde | • | ,992,500.00 | |
| Γ | Address | D. FEDERAL SIGNATURE | | |
| sig | nature constitutes an undertaking by the issu | ed by the undersigned duly authorized person. If this er to furnish to the U.S. Securities and Exchange C non-accredited investor pursuant to paragraph (b)(| ommission, upon writt | ule 505, the following en request of its staff, |
| İss | uer (Print or Type) | Signature | Date | |
| _ | ant Financial Corporation | Thering H. Dien | Sept. 24 | 4, 2008 |
| | me of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| Kei | nneth H. Givens | Chief Financial Officer | | |

 \mathbb{END}

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)